

OVERVIEW OF ACTIVITIES/OUTCOMES

FROM ____/____/____ TO ____/____/____ SUBGRANTEE NAME _____ SUBGRANT # _____

HIGH LEVEL OUTCOME:

ACTIVITIES <i>What the service/initiative does.</i>	STAFF RESPONSIBLE	OUTPUT <i>What program produces. Service frequency, participant numbers, begin/end dates.</i>	INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY <i>Qualitative results from activity. What difference will the service make?</i>	EVALUATION * <i>Qualitative & Quantitative Outcome Measures</i>

* Outcome measures can include surveys, interviews, rating scales, records, case plan goal attainment, observations, statistics, etc.